

**COUNTY OF SACRAMENTO****MOU NO. 7207600-26/28-083M****CONTRACT ANALYST:** Angie Bryant 875-4761**DHS AGREEMENT SUMMARY**CONTRACTOR's NAME: Sacramento County Department of AirportsSubject of Agreement: To provide Advance Life Support (ALS) services to the residents of Sacramento CountyContract Term: July 1, 2025 through June 30, 2028Maximum Payment to Contractor through this Agreement: \$0.00

County Counsel Approval: \_\_\_\_\_ Date \_\_\_\_\_

County Counsel Approval Not Required: \_\_\_\_\_ Or \_\_\_\_\_  
Inter-departmental MOU (Sacramento County Code Section)Authorized by: N/A (Sacramento County Resolution Number or County Code Section)☐ **Tax Waiver Granted** \_\_\_\_\_☐ **Tax Waiver Denied** \_\_\_\_\_☐ **Standard Agreement** \_\_\_\_\_☐ **Five or more employees letter on file**☒ **Non Standard MOU** \_\_\_\_\_**Exhibit D** \_\_\_\_\_Risk Management has approved waiver to insurance requirements ☐Risk Management has approved indemnification modifications ☐

This is a contract that must be reviewed and approved of County Counsel in accordance with Section 2.61.014 of the Sacramento County Code:

☐ 2.61.014 (a): Contract requires Board approval including but not limited to Section 71-J☐ 2.61.014 (b): Contract approved in concept or otherwise authorized by Board☐ 2.61.014 (c): Contract for services not previously provided by or to the department☐ 2.61.014 (d): Contract does not utilize the standard format developed by County Counsel☐ 2.61.014 (e): Contract with another governmental entity☐ 2.61.014 (f): Contract involving an acquisition or grant of an interest in real property☐ 2.61.014 (g): Contract requiring waiver of withholding☐ 2.61.014 (h): Retroactive contracts**FISCAL SUMMARY**Fund Center: 7207600 G/L Account: \_\_\_\_\_ Order #: A76000CONTRACTOR's Federal Tax Identification Number: 94-6000529

COUNTY OF SACRAMENTO

ALS MOU

ALS MOU AIRPORT – Aircraft Rescue and Fire Fighting &amp; DHS- Emergency Medical Services

**MEMORANDUM OF UNDERSTANDING BETWEEN  
SACRAMENTO COUNTY DEPARTMENT OF AIRPORTS –  
SACRAMENTO COUNTY AIRPORT FIRE AND  
SACRAMENTO COUNTY DEPARTMENT OF HEALTH SERVICES  
FOR ADVANCED LIFE SUPPORT (ALS)  
GROUND NON-TRANSPORT SERVICES**

This Memorandum of Understanding (MOU) between the Sacramento County Department of Airports – Sacramento County Airport Fire (SCAF) and the Sacramento County Department of Health Services – Emergency Medical Services, is for providing Advanced Life Support (ALS) ground non-transport services at the Sacramento County airports.

**I. BACKGROUND/PURPOSE/OBJECTIVES**

- A. Advanced Life Support (ALS) providers are responsible for providing emergency pre-hospital patient care and/or transporting prehospital patients from the scene of an emergency to acute care hospitals within an organized EMS system in accordance with California Health and Safety Code Division 2.5, Sections 1797 et. seq., California Code of Regulations, Title 22, Division 9, and emergency medical services (EMS) policies and procedures established by Sacramento County Emergency Medical Services Agency (SCEMSA).

**II. TERM**

- A. The term of this MOU is from July 1, 2025, through June 30, 2028.

**III. PROGRAM RESPONSIBILITIES - SCAF**

**A. Administrative**

1. Maintain organization and staffing for implementing and operating this MOU.

**B. Service Operations**

1. May provide Advanced Life Support (ALS) services on a continuous twenty-four (24) hours per day basis as determined by SCAF in the best interest of the public.
2. Maintain hours of operations as described in ALS Provider application.
3. Notify SCEMSA in advance when hours of operations change for any period longer than twenty-four (24) hours.

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## ALS MOU

## ALS MOU AIRPORT – Aircraft Rescue and Fire Fighting &amp; DHS- Emergency Medical Services

4. Use and maintain two-way communications equipment between hospitals and field units as specified and approved by SCEMSA.
5. Respond to dispatches from Airport's Communications Center that employ trained personnel with a nationally approved EMD system as required by SCEMSA.
6. Ensure that SCAF staff complies with SCEMSA application policies and completes the online application process for certification/accreditation.
7. Ensure that SCAF staff complete required incident reporting within the required timeframes as required by statutes, regulations and SCEMSA policies.

**C. Policy/Procedures**

1. Provide ALS and/or LALS services in accordance with state law and SCEMSA policies, procedures and protocols
2. Comply with response times as designated by SCEMSA.
3. Participate in COUNTY committees, including, but not limited to the Medical Advisory Committee (MAC), Operational Advisory Committee (OAC), Technical Advisory Group (TAG) or other meetings as requested by SCEMSA.
4. Comply with Quality Improvement (QI) Program policies and procedures, QI Plan submission, data submission, and reporting requirements.
5. Participate in policy development and review including providing written feedback within the timeframe specified by the SCEMSA.

**D. Data Reporting**

1. Use an electronic patient care report platform with data reporting capabilities as required by SCEMSA.
2. Comply with SCEMSA requests for data submission or collection of information for purposes of a clinical or operational investigation as requested by the SCEMSA in requested time period.
3. Utilize a data reporting system that will collect, integrate and report data and comply with the technical specifications required by SCEMSA identified vendor.

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4. Provide Patient Care Reports, Mass Casualty Incident Reports and future program reporting which will be determined by the Quality Improvement Program (QIP).
5. Submit data electronically as required by SCEMSA directly to SCEMSA data vendor. The frequency of data submission will be determined through the QIP but within 72 hours of development of the data elements.

#### **IV. PROGRAM RESPONSIBILITIES – DHS**

##### **A. Administrative**

1. Designate and maintain SCAF who has met the state and SCEMSA ALS and/or LALS provider criteria as an approved ALS and/or LALS provider.
2. Monitor MOU and ensure SCAF complies with scope of service as above
3. Maintain and update a list of approved ALS and/or LALS providers on its website: [Provider Information](#)

##### **B. Service Operations**

1. Perform annual inspections of ALS and/or LALS provider equipment and personnel certification records to ensure compliance and state law and SCEMSA policy.

##### **C. Data Reporting**

1. Provide SCAF data vendor information including points of contact for data submission requirements.

##### **D. Feedback**

1. Provide information regarding State or County changes in policies, protocols and/or performance measures/indicators to SCAF as indicated.

#### **V. JOINT RESPONSIBILITIES**

##### **A. Program Representatives**

1. The program representatives during the term of this agreement are:

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## ALS MOU

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<b>Sacramento County Department of Health Services - Emergency Medical Services Agency</b> EMS Administrator Currently: Tom McGinnis Phone: 916-875-9708 Email: <a href="mailto:mcginnist@saccounty.gov">mcginnist@saccounty.gov</a>	<b>Sacramento County Department of Airports - Sacramento County Airport Fire</b> Fire Chief Currently: Kenny Prete Phone: 916-874-0651 Email: <a href="mailto:pretej@saccounty.gov">pretej@saccounty.gov</a>
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**B. Points of Contact**

AREA	SCEMSA	SCAF
<b>ALS Provider Liaison</b>	EMS Specialist Currently: Jenna Alexander <a href="mailto:alexanderjen@saccounty.gov">alexanderjen@saccounty.gov</a> 916- 875-3196	David Dolson Battalion Chief <a href="mailto:dolsond@saccounty.gov">dolsond@saccounty.gov</a> 916-874-0758
<b>Problem Resolution</b>	EMS Administrator Currently: Tom McGinnis <a href="mailto:mcginnist@saccounty.gov">mcginnist@saccounty.gov</a> 916-875-9708	David Dolson Battalion Chief <a href="mailto:dolsond@saccounty.gov">dolsond@saccounty.gov</a> 916-874-0758
<b>Data Reporting/QIP Liaison</b>	EMS Specialist Currently: Dorthy Rodriguez <a href="mailto:rodriguezdor@saccounty.gov">rodriguezdor@saccounty.gov</a> 916-874-1060	David Dolson Battalion Chief <a href="mailto:dolsond@saccounty.gov">dolsond@saccounty.gov</a> 916-874-0758
<b>Contract Coordinator</b>	Administrative Services. Officer II Currently: Holly Winberry <a href="mailto:winberryho@saccounty.gov">winberryho@saccounty.gov</a> 916-875-9766	Gary Wong Senior Contract Services Officer <a href="mailto:wonggg@saccounty.gov">wonggg@saccounty.gov</a> 916-876-6380

**C. Communication**

1. SCAF shall designate staff to participate in the MAC, OAC, the QIP, and the TAG. Members are required to regularly participate, provide information, and/or presentations as requested.
2. SCAF and SCEMSA shall participate in ad hoc meetings as requested by either party.
3. SCAF or SCEMSA shall respond to a request from the other party within three (3) business days.
4. In the event of threat to public health and safety, SCEMSA and SCAF shall meet within one (1) business day after such notification in order to affect a solution.



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5. Problem solving shall occur at the lowest possible level. Either party may request a meeting to resolve issues. If this process has not been satisfactory, the issue may be raised to the EMS Administrator, or the County Health Officer, currently Dr. Olivia Kasirye, at 916-875-5881.

**D. Sacramento County EMS Plan**

1. Follow the State approved Sacramento County EMS Plan.

**VI. ALTERATION OF TERMS**

- A. It is mutually agreed that this MOU may be modified or amended upon the written mutual consent of the parties hereto.

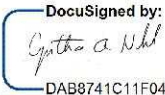
**VII. TERMINATION**

- A. Either party may terminate this MOU without cause upon thirty (30) days written notice served by either party.

IN WITNESS WHEREOF, parties hereto have executed this Memorandum of Understanding for the term written above.

**SACRAMENTO COUNTY DEPARTMENT  
OF AIRPORTS**

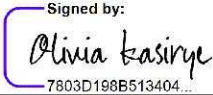
a political Subdivision of the State of California

By    
DAB8741C11F0421...  
Cynthia A. Nichol, Director  
Sacramento County Department of Airports  
Designee as per S.C.C. 2.61.012(h)

Date 6/11/2025

**SACRAMENTO COUNTY DEPARTMENT OF  
HEALTH SERVICES**

a political Subdivision of the State of California

By    
7803D198B513404...  
Tim W. Lutz, Director  
Sacramento County Department of Health Services  
or Designee as per S.C.C. 2.61.012(h)

Date 6/11/2025

## Certificate Of Completion

Envelope Id: BBE0E704-B8BE-46C3-81C2-04998A8DD88D

Status: Completed

Subject: Complete with Docusign: (K) Sacramento County Department of Airports 7207600-26/28-083M

Source Envelope:

Document Pages: 7

Signatures: 2

Envelope Originator:

Certificate Pages: 5

Initials: 1

Jessica Barrett

AutoNav: Enabled

799 G Street

Envelopeld Stamping: Enabled

Sacramento, CA 95814

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

barrettjes@saccounty.gov

IP Address: 136.226.7.82

## Record Tracking

Status: Original

Holder: Jessica Barrett

Location: DocuSign

6/11/2025 2:45:34 PM

barrettjes@saccounty.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Sacramento County

Location: Docusign

## Signer Events

### Signature

### Timestamp

Angelina Bryant

bryantang@saccounty.gov

Security Level: Email, Account Authentication  
(None)

DS  
AB

Sent: 6/11/2025 2:50:24 PM

Viewed: 6/11/2025 2:52:12 PM

Signed: 6/11/2025 2:52:30 PM

Signature Adoption: Pre-selected Style

Using IP Address: 208.79.246.66

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

Cindy Nichol

nicholc@saccounty.gov

Director of Airports

Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
Cynthia Nichol  
DAB8741C11F0421...

Sent: 6/11/2025 2:52:31 PM

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Signed: 6/11/2025 2:55:53 PM

Signature Adoption: Uploaded Signature Image

Using IP Address: 136.226.6.191

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

Olivia Kasirye

KasiryeO@saccounty.gov

Health Officer

Security Level: Email, Account Authentication  
(None)

Signed by:  
Olivia Kasirye  
7803D198B513404...

Sent: 6/11/2025 2:55:54 PM

Viewed: 6/11/2025 4:18:14 PM

Signed: 6/11/2025 4:18:31 PM

Signature Adoption: Pre-selected Style

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## Electronic Record and Signature Disclosure:

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## In Person Signer Events

### Signature

### Timestamp

## Editor Delivery Events

### Status

### Timestamp

## Agent Delivery Events

### Status

### Timestamp

## Intermediary Delivery Events

### Status

### Timestamp

## Certified Delivery Events

### Status

### Timestamp

Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/11/2025 2:50:24 PM
Certified Delivered	Security Checked	6/11/2025 4:18:14 PM
Signing Complete	Security Checked	6/11/2025 4:18:31 PM
Completed	Security Checked	6/11/2025 4:18:31 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		



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To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [dtech-webteam@saccounty.net](mailto:dtech-webteam@saccounty.net) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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**Required hardware and software**

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies
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\*\* These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

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- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Sacramento County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Sacramento County during the course of my relationship with you.